

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Candidate Robert T. G. Harenski
 Address P.O. Box 736, Biloxi, MS 38533 County Harrison
 Telephone Work 228-669-9700 Home 228-669-9700 Fax 228-358-4439
 Contact Name Robert Harenski Email Address harenski@bellsouth.net
 Office Sought Chancery Judge - Harrison, Hancock & Stone - Seat 2
☐ Check here if above is different from previous report



____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
 ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
 ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
 ✓ ____ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
 ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 0 + \$ 0	\$ 0	\$ 0
Total amount of disbursements	\$ 0 + \$ 0	\$ 0	\$ 0
Total amount of cash on hand	\$ 0	\$ 0	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-358-1488 or 601-576-2812.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect Robert G. Harenski
 Address P.O. Box 736, Biloxi, MS 39533
 Telephone 228- Fax _____
 Treasurer Cliff Kirkland Email _____

DATE STAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
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 ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
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REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 10,290 + \$ 10,890	\$ 19,180	\$ 39,230
Total amount of disbursements	\$ 18,430 + \$ 0	\$ 18,430	\$ 24,278
Total amount of cash on hand		\$ 10,750	\$ 15,952

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]
Signature of Director or Treasurer

10-08-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Committee to Elect Robert HarenskiReporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lee</u>		<u>8/20/10</u>	\$ <u>250</u>
Mailing Address _____		<u>1/1/</u>	\$
City, State, Zip Code _____		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) <u>Message Therapist</u>		Aggregate year-to-date	\$ <u>250</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JESCO</u>		<u>8/20/10</u>	\$ <u>250</u>
Mailing Address _____		<u>8/20/10</u>	\$ <u>500</u>
City, State, Zip Code _____		<u>1/1/</u>	\$ <u>500</u>
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$ <u>1,250</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Despoite Seaford</u>		<u>8/20/10</u>	\$ <u>250</u>
Mailing Address <u>Calvert St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Biloxi, MS 39530</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Mr. Despoite</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Seafood Seller</u>		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronnie Bogard</u>		<u>8/1/10</u>	\$ <u>2,500</u>
Mailing Address <u>441 Woodland Park Drive</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Biloxi, MS 39531</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Self</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Contractor</u>		Aggregate year-to-date	\$ <u>2,500</u>

Name of Candidate or Committee Committee to Elect Robert MarenskiReporting period July 1, 2010 through Sept. 30, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Suzi Bogard</u>	<u>8/11/10</u>	\$ <u>2,500</u>
Mailing Address <u>441 Woodland Park Drive</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Biloxi, MS 39531</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Self</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Medical Analysis - Owner</u>	Aggregate year-to-date	\$ <u>2,500</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gerald Taylor</u>	<u>7/29/10</u>	\$ <u>1,000</u>
Mailing Address <u>3818 Saxon Hollow Ct.</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Friendswood, TX 77546</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>U.S. Coast Guard</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Doctor</u>	Aggregate year-to-date	\$ <u>1,000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. Wayne Woodall</u>	<u>8/5/10</u>	\$ <u>500</u>
Mailing Address <u>1918 23rd Avenue</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39501</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Self</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bernie Burkholder</u>	<u>8/12/10</u>	\$ <u>480</u>
Mailing Address <u>2012 Bayou LaPorte Dr.</u>	<u> </u> <u> </u> <u> </u>	\$ <u>200</u>
City, State, Zip Code <u>Biloxi, MS 39531</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Self</u>	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) <u>Contractor</u>	Aggregate year-to-date	\$ <u>680</u>

Name of Candidate or Committee Committee to Elect Robert Harenski
 Reporting period July 1, 2010 through Sept 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Cliff Kirkland</u>	Date (Mo., Day, Year) <u>7/1/10</u>	Amount of each disbursement this period \$ <u>3,750</u> 10,775
Mailing Address		\$
City, State, Zip Code <u>Biloxi, MS 39530</u>		\$
Purpose of Disbursement (Optional) <u>Campaign Manager</u>	Aggregate Year-to-date	\$ <u>14,275</u>
B. Full name <u>Kevin Ladner</u>	Date (Mo., Day, Year) <u>7/30/10</u>	Amount of each disbursement this period \$ <u>487.50</u>
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional) <u>Sign Purchase</u>	Aggregate Year-to-date	\$ <u>14,275</u>
C. Full name <u>AT&T Phone Co</u>	Date (Mo., Day, Year) <u>7/1/10</u>	Amount of each disbursement this period \$ <u>918.16</u>
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional) <u>Phone</u>	Aggregate Year-to-date	\$ <u>918.16</u>
D. Full name <u>Cable One</u>	Date (Mo., Day, Year) <u>9/24/10</u>	Amount of each disbursement this period \$ <u>4,250</u>
Mailing Address		\$
City, State, Zip Code <u>Gulfport, MS</u>		\$
Purpose of Disbursement (Optional) <u>TV Commercials</u>	Aggregate Year-to-date	\$ <u>4,250</u>
E. Full name <u>Beau Rivage</u>	Date (Mo., Day, Year) <u>7/1/10</u>	Amount of each disbursement this period \$ <u>1,000</u>
Mailing Address <u>Casino Blvd</u>		\$
City, State, Zip Code <u>Biloxi, MS</u>		\$
Purpose of Disbursement (Optional) <u>Wine Tasting</u>	Aggregate Year-to-date	\$ <u>1,000</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$